

6/30/09

2008 Federal Book Depreciation Schedule

Page 1

Client 94-15816

SAN FRANCISCO SUICIDE PREVENTION

94-1581618

10/22/09

11:29AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Furniture and Fixtures																
11	CONFERENCE ROOM CHAIRS	2/17/00		2,652							2,652	2,652	S/L	5		0
12	FULLY DEPRECIATED ASSETS	Various		30,432							30,432	30,432	S/L	5		0
13	KONICA COPY MACHINE	6/24/03		2,300							2,300	2,300	S/L	3		0
34	(5) OFFICE CHAIRS	9/21/06		500							500	292	S/L	3		167
44	DONATED OFFICE FURNITURE	6/03/08		50,525							50,525		S/L	15		3,368
Total Furniture and Fixtures				86,409		0	0	0	0	0	86,409	35,676				3,535
Improvements																
40	CONSTANTINE CARPET	6/30/08		16,000							16,000		S/L	7		2,133
Total Improvements				16,000		0	0	0	0	0	16,000	0				2,133
Machinery and Equipment																
27	DONATED 14-INCHED DELL	6/20/07		300							300	200	S/L	3		100
28	FILEMAKER SERVER/PRO-MEM	12/30/05		5,461							5,461	4,096	S/L	3		1,367
32	TELEPHONE SYSTEM	6/01/06		26,821							26,821	11,175	S/L	5		5,364
35	KEYBOARD/OPTICAL MOUSE/DV	6/23/06		3,992							3,992	2,450	S/L	3		1,331
39	MODULES - PHONES	11/08/07		2,419							2,419	323	S/L	5		484
41	CANON PIXMA PRINTER	6/26/08		693							693		S/L	3		231
42	DELL PROJECTOR	7/11/08		538							538		S/L	3		164
43	LEXMARK PRINTER	7/02/08		462							462		S/L	3		154
45	KEYBOARD MOUSE/HARDDRIVE	6/12/08		5,208							5,208		S/L	3		1,736
46	BACK-UP SYSTEM-TAPES	7/24/08		1,221							1,221		S/L	3		342

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10/22/09

11:29AM

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47	5 SILVER FLAT PANNEL	7/13/08		1,333							1,333		S/L	3		407
48	3 SILVER FLAT PANNEL	7/14/08		639							639		S/L	3		195
49	1 SILVER FLAT PANNEL	7/23/08		453							453		S/L	3		138
50	FULLY DEPRECIATED ASSETS	Various		4,075							4,075	4,075	S/L	3		0
Total Machinery and Equipment				53,615		0	0	0	0	0	53,615	22,319				12,013
Total Depreciation				156,024		0	0	0	0	0	156,024	57,995				17,681
Grand Total Depreciation				156,024		0	0	0	0	0	156,024	57,995				17,681

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Grand Total Depreciation				156,024		0	0	0	0	0	156,024	57,995				17,681

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

G Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

G The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C
SAN FRANCISCO SUI CIDE PREVENTION
P. O. BOX 191350
SAN FRANCISCO, CA 94119-1350

D Employer identification number

94-1581618

E Telephone number

(415) 984-1900

F Group Exemption Number

G

? Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) G

I Website: G N/A

H Check G ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).J Organization type (check only one) ☒ 501(c) (3) H (insert no.) ☐ 4947(a)(1) or ☐ 527K Check G ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. G\$ 714, 825.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

R E V E N U E	1	Contributions, gifts, grants, and similar amounts received	1	561, 199.
	2	Program service revenue including government fees and contracts	2	43, 220.
	3	Membership dues and assessments	3	
	4	Investment income	4	9, 371.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. G <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	76, 390.
b	Less: direct expenses other than fundraising expenses	6b	36, 510.	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	39, 880.	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe G See Statement 1)	8	24, 645.	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	G 9	678, 315.	
E X P E N S E S	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	470, 237.
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	116, 200.
	15	Printing, publications, postage, and shipping	15	24, 026.
	16	Other expenses (describe G See Statement 2)	16	107, 235.
	17	Total expenses (add lines 10 through 16)	G 17	717, 698.
A S S E T S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-39, 383.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	487, 617.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	G 21	448, 234.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	316, 053.	291, 462.
23 Land and buildings	16, 000.	13, 867.
24 Other assets (describe G See Statement 3)	202, 396.	160, 548.
25 Total assets	534, 449.	465, 877.
26 Total liabilities (describe G See Statement 4)	46, 832.	17, 643.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	487, 617.	448, 234.

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	San Francisco Suicide Prevention, Inc. provides 24-hour telephone crisis intervention, non-crisis telephone counseling, information and referral services.		
	(Grants \$) If this amount includes foreign grants, check here.	G <input type="checkbox"/>	28a 557,769.
29			
	(Grants \$) If this amount includes foreign grants, check here.	G <input type="checkbox"/>	29a
30			
	(Grants \$) If this amount includes foreign grants, check here.	G <input type="checkbox"/>	30a
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here.	G <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	G	32 557,769.

[illegible]

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.	33	X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. G 37a 0.		
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38b	N/A
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9.	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities.	39b	N/A
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 G 0.; section 4912 G 0.; section 4955 G 0.		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I.	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. G 0.		
d	Enter amount of tax on line 40c reimbursed by the organization. G 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40e	X
41	List the states with which a copy of this return is filed G CA		

42a The books are in care of G ELI SAY DIGIUSEPPE Telephone no. G
 Located at G P. O. BOX 191350, SAN FRANCISCO, CA ZIP + 4 G 94119-1350

	Yes	No	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
	If 'Yes,' enter the name of the foreign country: G		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If 'Yes,' enter the name of the foreign country: G		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 ' Check here G ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. G 43 N/A

	Yes	No	
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 7

- | | Yes | No |
|--|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. | 46 | X |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II. | 47 | X |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If 'Yes,' was the related organization(s) a section 527 organization? | 49b | |

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Eve Meyer 660 Market Street #408 San Francisco, CA	Exe Director 40	71,656.	2,200.	0.
Sally Cerreta c/o San Francisco Suicide San Francisco	Program Director 40	59,412.	0.	0.
Total number of other employees paid over \$100,000. G	0			

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000. G		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	G _____ Signature of officer		Date	
	G Eve Meyer Type or print name and title.		Executive Director	
Paid Preparer's Use Only	Preparer's signature	G	Date	10/22/09
	Firm's name (or yours if self-employed), address, and ZIP + 4	Dennis L. Lorette Acctcy Corp. 2131 San Pablo Ave Pine, CA 94564		
	Preparer's Identifying Number (See instructions)	Check if self-employed	G	<input type="checkbox"/>
	EIN	G	68-0404710	
	Phone no.	G	(510) 741-8299	

May the IRS discuss this return with the preparer shown above? See instructions. G ☐ Yes ☒ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

G Attach to Form 990 or Form 990-EZ. G See separate instructions.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

SAN FRANCISCO SUICIDE PREVENTION

Employer identification number

94-1581618

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 ☐ A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions ' subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III ' Functionally integrated
 - d ☐ Type III' Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	529,822.	540,801.	587,432.	579,032.	551,738.	2,788,825.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-3.	529,822.	540,801.	587,432.	579,032.	551,738.	2,788,825.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						2,788,825.

Section B. Total Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	529,822.	540,801.	587,432.	579,032.	551,738.	2,788,825.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	21,940.		20,558.	12,850.	9,371.	64,719.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part I.V.	12,762.	13,394.	18,230.	92,176.	24,645.	161,207.
11 Total support. Add lines 7 through 10.						3,014,751.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						G <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	92.5 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	95.0 %
16a 33-1/3 support test ' 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.	G <input checked="" type="checkbox"/>	
b 33-1/3 support test ' 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
17a 10%-facts-and-circumstances test ' 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
b 10%-facts-and-circumstances test ' 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	G <input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

G ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

G ☐

b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

G ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

G ☐

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (See instructions)

This image shows a full page of white paper designed for handwriting practice. It features 20 evenly spaced, horizontal dashed lines that run across the entire width of the page. The lines are thin and light gray, providing a guide for letter height and placement without being distracting. There is no text or other markings on the page.

2008

Schedule A, Part IV - Supplemental Information

Page 5

Client 94-15816

SAN FRANCISCO SUICIDE PREVENTION

94-1581618

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Part II, Line 10 - Other Income

Nature and Source	2008	2007	2006	2005	2004
Miscellaneous Income		582.	18,230.	13,394.	12,762.
Donations		66,525.			
Fees	24,645.	25,069.			
Total	<u>\$ 24,645.</u>	<u>\$ 92,176.</u>	<u>\$ 18,230.</u>	<u>\$ 13,394.</u>	<u>\$ 12,762.</u>

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

G Attach to Form 990, 990-EZ and 990-PF
G See separate instructions.

OMB No. 1545-0047

2008

Name of the organization

SAN FRANCISCO SUICIDE PREVENTION

Employer identification number

94-1581618

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule '

☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules '

☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) G \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

SAN FRANCISCO SUICIDE PREVENTION

94-1581618

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	STATE STREET GLOBAL ADVISORS ONE MARKET STREET #1700 SAN FRANCISCO, CA 94105	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	KAI SER PERMANENTE 601 VAN NESS AVENUE #202 SAN FRANCISCO, CA 94102	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	LINDA KILB 1767-11TH AVENUE SAN FRANCISCO, CA 94122	\$ 8,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	THE TOM MERIT HANCOCK FAMILY 1445-10TH AVENUE SAN FRANCISCO, CA 94122	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	LOUIS R. LURIE FOUNDATION 555 CALIFORNIA ST., SUITE 5100 SAN FRANCISCO, CA 94104	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THELMA DOELGER CHARITABLE TR 950 JOHN DALY BLVD., SUITE 300 SAN FRANCISCO, CA 94122	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SAN FRANCISCO SUICIDE PREVENTION

94-1581618

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	NATIONAL SUICIDE PREVENTION 50 BROADWAY, 19TH FLOOR NEW YORK, NY 10004	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	OPTUMHEALTH BEHAVIORAL 425 MARKET STREET-14TH FLOOR SAN FRANCISCO, CA 94105	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	RICHARD & RHODA GOLDMAN FUND P.O. BOX 29924 SAN FRANCISCO, CA 94129	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	SILVA WATSON MOONWALK FUND 175 VIA LERIDA GREENBRAE, CA 94904	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	THE MARCLED FOUNDATION 3268 SACRAMENTO STREET SAN FRANCISCO, CA 94115	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	THE HENRY MAYO NEWHALL FOUNDATION 57 POST STREET #510 SAN FRANCISCO, CA 94104	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SAN FRANCISCO SUICIDE PREVENTION

94-1581618

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	BROADWAY CARES EQUITY FIGHTS AIDS 165 WEST 46TH STREET #1300 NEW YORK, NY 10036	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	THE LOUISE AND CLAUDE ROSENBERG, JR 14589 18TH STREET #167 SAN FRANCISCO, CA 94107-2801	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Employer identification number

94-1581618

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A		
		\$ _____	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

		\$ _____	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

		\$ _____	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

		\$ _____	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

		\$ _____	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

		\$ _____	

Name of organization

Employer identification number

SAN FRANCISCO SUICIDE PREVENTION

94-1581618

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once ' see instructions.) G\$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Supplemental Information Regarding Fundraising or Gaming Activities

G Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

Employer identification number

SAN FRANCISCO SUICIDE PREVENTION

94-1581618

Part I	Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
--------	--

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<input type="checkbox"/>	Mail solicitations	<input type="checkbox"/>	Solicitation of non-government grants
<input type="checkbox"/>	Email solicitations	<input type="checkbox"/>	Solicitation of government grants
<input type="checkbox"/>	Phone solicitations	<input type="checkbox"/>	Special fundraising events
<input type="checkbox"/>	In-person solicitations		

- 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				G		

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

[illegible]

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		Raffle, Dinner (event type)	(event type)	(total number)	
	1 Gross receipts	76,390.			76,390.
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	76,390.			76,390.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	36,510.			36,510.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				G 36,510.
	9 Net income summary. Combine lines 3 and 8 in column (d)				G 39,880.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				G
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				G

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

a The organization's facility.	13 a	%
b An outside facility.	13 b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name: G _____

Address: G _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.

c If 'Yes,' enter name and address:

Name: G _____

Address: G _____

16 Gaming manager information

Name: G _____

Gaming manager compensation G \$ _____

Description of services provided: G _____

☐

Director/officer

☐

Employee

☐

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: G \$ _____

2008

Federal Statements

Page 1

Client 94-15816

SAN FRANCISCO SUICIDE PREVENTION

94-1581618

10/22/09

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Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

Fees		\$	24,645.
	Total	\$	<u>24,645.</u>

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion.....	\$	4,887.
Audit.....		4,180.
Bank Service Charges.....		632.
Books and Subscriptions.....		214.
Data Processing Computer.....		5,653.
Depreciation.....		17,681.
Dues and memberships.....		1,078.
Equipment rent and maintenance.....		6,823.
Insurance.....		12,578.
Interpreters.....		3,866.
Miscellaneous.....		250.
Moving Expenses.....		3,346.
Office Expenses.....		6,448.
Payments of Travel or Entertainment for Public Officials.....		558.
Professional Fees.....		18,814.
Repairs and maintenance.....		379.
Telecommunications.....		15,575.
Worker's Compensation Ins.....		4,273.
	Total	\$ <u>107,235.</u>

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable.....	\$ 41,236.	\$ 52,355.
Furniture and Fixtures.....	50,733.	47,198.
LEASE DEPOSIT/DEPOSIT PREMIUM.....	23,239.	23,543.
Machinery and Equipment.....	26,650.	19,283.
MISCELLANEOUS.....	526.	255.
Pledges and Grants Receivable.....	34,399.	8,294.
Prepaid Expenses and Deferred Charges.....	25,613.	6,440.
UNITED WAY.....	0.	3,180.
	Total	\$ <u>202,396.</u> \$ <u>160,548.</u>

Client 94-15816

SAN FRANCISCO SUICIDE PREVENTION

94-1581618

10/22/09

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Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginni ng</u>	<u>Endi ng</u>
Accounts Payable and Accrued Expenses.....	\$ 27,942.	\$ 2,500.
ACCRUED VACATION.....	18,384.	14,642.
WORKERS COMPENSATION.....	506.	501.
Total	<u>\$ 46,832.</u>	<u>\$ 17,643.</u>

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

To Offer a Variety of Suicide Prevention, Crisis Intervention and Educational Services whose common purpose is to protect and enhance life.

Statement 6
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Peter Rojo 730 Mt. Vernon Avenue San Francisco, CA 94112	Past-President 5.00	\$ 0.	\$ 0.	\$ 0.
Kristin Oliveira 744 Guerrero Street #5 San Francisco, CA 94110	Co-Secretary 5.00	0.	0.	0.
Tom Di Renzo 46 Bernard Street San Francisco, CA 94133	Vice-President 5.00	0.	0.	0.
Robert Kellett 774 Foerster Street San Francisco, CA 94127	Treasurer 5.00	0.	0.	0.
Dr. Saul Feldman 765 Market street #23-G San Francisco, CA 94103	Board Member 2.00	0.	0.	0.
Rebecca Turner 38 Woodland Avenue San Francisco, CA 94117	Board Member 2.00	0.	0.	0.
Henry McKenzie 152 Lombard Street Apt. #504 San Francisco, CA 94111	Board Member 2.00	0.	0.	0.

Client 94-15816

SAN FRANCISCO SUICIDE PREVENTION

94-1581618

10/22/09

11:29AM

Statement 6 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Ty Albers 796 Green Street San Francisco, CA 94133	Board Member 2.00	\$ 0.	\$ 0.	\$ 0.
John Plessas 841 Chamberlain Court Mill Valley, CA 94941	Vice-President 5.00	0.	0.	0.
Brian Byrne 191 Devonshire Way San Francisco, CA 94131	Vice-President 5.00	0.	0.	0.
Anna Lisa Fahrenthold 1369-12th Avenue San Francisco, CA 94122	Co-Secretary 5.00	0.	0.	0.
David Pating 1201 Fillmore Street San Francisco, CA 94115	Board Member 2.00	0.	0.	0.
Lisa Zayas 64 Diamond Street San Francisco, CA 94114	President 5.00	0.	0.	0.
C. Michael Richards 437-B Willow Street Alameda, CA 94501	Board Member 2.00	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.

Statement 7
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

TAXABLE YEAR **2008** California Exempt Organization
Annual Information Return

FORM
199

Calendar year 2008 or fiscal year beginning month **07** day **01** year **2008**, and ending month **06** day **30** year **2009**

A First Return Filed? ☐ Yes ☒ No B Type of organization Exempt under Section 23701 **D** (insert letter)
IRC Section 4947(a)(1) trust ☐

Corporation/Organization Name **SAN FRANCISCO SUICIDE PREVENTION** Address **P.O. BOX 191350**

City **SAN FRANCISCO, CA 94119-1350** State ZIP Code

City **SAN FRANCISCO, CA 94119-1350** State ZIP Code

<p>C Amended Return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Are you a subordinate/affiliate in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>a Is this a group filing for affiliates? See General Instruction L. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b If 'Yes,' enter the number of affiliates <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>c Are all affiliates included? (If 'No,' attach a list. See instructions.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>e Federal Group Exemption Number <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>f Is a roster of subordinates attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>E Final return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized (attach explanation)</p> <p>If a box is checked, enter date <input type="checkbox"/></p> <p>F Check the box if the organization filed: 1 <input type="checkbox"/> 990T 2 <input type="checkbox"/> 990PF 3 <input type="checkbox"/> 990H</p> <p>G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required. <input type="checkbox"/></p>	<p>H Accounting method used 1 <input type="checkbox"/> Cash 2 <input checked="" type="checkbox"/> Accrual 3 <input type="checkbox"/> Other</p> <p>I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If 'Yes,' enter amount of gross receipts from nonmember sources. \$</p> <p>L Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Is the organization a Limited Liability Corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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Part I Complete Part I unless not required to file this form. See General Instructions B and C.

<p>Receipts and Revenues</p> <p>Expenses</p> <p>Filing Fee</p> <p>Sign Here</p> <p>Paid Preparer's Use Only</p>	<p>1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. 153,626.</p> <p>2 Gross dues and assessments from members and affiliates 561,199.</p> <p>3 Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B</p> <p>4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C. 714,825.</p> <p>5 Cost of goods sold 7</p> <p>6 Cost or other basis, and sales expenses of assets sold. 714,825.</p> <p>7 Total costs. Add line 5 and line 6 754,208.</p> <p>8 Total gross income. Subtract line 7 from line 4 -39,383.</p> <p>9 Total expenses and disbursements. From Side 2, Part II, line 18. 10.</p> <p>10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. 12</p> <p>11 Filing fee \$10 or \$25. See General Instruction F. 13</p> <p>12 Total Payments. 10.</p> <p>13 Penalties and Interest. See General Instruction J. 15</p> <p>14 Use tax. See General Instruction K. 10.</p> <p>15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result. 10.</p> <p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.</p> <p>Signature of officer G Title EXECUTIVE DIRECTOR Date 10/22/09 Check if self-employed G <input type="checkbox"/></p> <p>Firm's name (or yours, if self-employed) and address DENNIS L. LORETTE ACCTCY CORP. 2131 SAN PABLO AVE PINOLE, CA 94564</p> <p>May the FTB discuss this return with the preparer shown above? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>@ 1 153,626.</p> <p>@ 2</p> <p>@ 3 561,199.</p> <p>@ 4 714,825.</p> <p>@ 5</p> <p>@ 6</p> <p>7</p> <p>@ 8 714,825.</p> <p>@ 9 754,208.</p> <p>@ 10 -39,383.</p> <p>11 10.</p> <p>12</p> <p>13</p> <p>@ 14 10.</p> <p>15 10.</p> <p>@ Telephone (415) 984-1900</p> <p>@ Preparer's SSN/PTIN</p> <p>@ FEIN 68-0404710</p> <p>@ Telephone (510) 741-8299</p>
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SAN FRANCISCO SUICIDE PREVENTION

94-1581618

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts ' complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	@ 1	
	2	Interest	@ 2	
	3	Dividends	@ 3	9,371.
	4	Gross rents	@ 4	
	5	Gross royalties	@ 5	
	6	Gross amount received from sale of assets (See Instructions)	@ 6	
	7	Other income. Attach schedule	@ 7	144,255.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	153,626.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	@ 9	
	10	Disbursements to or for members.	@ 10	
Expenses and Disbursements	11	Compensation of officers, directors, and trustees. Attach schedule	@ 11	178,201.
	12	Other salaries and wages	@ 12	222,912.
	13	Interest	@ 13	
	14	Taxes	@ 14	32,342.
	15	Rents	@ 15	116,200.
	16	Depreciation and depletion (See Instructions)	@ 16	17,681.
	17	Other. Attach schedule	@ 17	186,872.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	754,208.

Schedule L Balance Sheets

		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		316,053.		@ 291,462.
2	Net accounts receivable		75,635.		@ 60,649.
3	Net notes receivable. Attach schedule				@
4	Inventories				@
5	Federal and state government obligations				@
6	Investments in other bonds. Attach sch				@
7	Investments in stock. Attach schedule				@
8	Mortgage loans (number of loans _____)				@
9	Other investments. Attach schedule				@
10a	Depreciable assets	151,378.		156,024.	
b	Less accumulated depreciation	57,995.	93,383.	75,676.	80,348.
11	Land				@
12	Other assets. Attach schedule		49,378.		@ 33,418.
13	Total assets		534,449.		465,877.
Liabilities and net worth					
14	Accounts payable		27,942.		@ 2,500.
15	Contributions, gifts, or grants payable				@
16	Bonds and notes payable. Attach schedule				@
17	Mortgages payable				@
18	Other liabilities. Attach schedule		18,890.		15,143.
19	Capital stock or principle fund		487,617.		@ 448,234.
20	Paid-in or capital surplus. Attach reconciliation				@
21	Retained earnings or income fund				@
22	Total liabilities and net worth		534,449.		465,877.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books	@ -39,383.	7	Income recorded on books this year not included in this return.	
2	Federal income tax	@		Attach schedule	@
3	Excess of capital losses over capital gains	@	8	Deductions in this return not charged against book income this year.	
4	Income not recorded on books this year. Attach schedule	@		Attach schedule	@
5	Expenses recorded on books this year not deducted in this return. Attach schedule	@	9	Total. Add line 7 and line 8	
6	Total.		10	Net income per return.	
	Add line 1 through line 5	-39,383.		Subtract line 9 from line 6	-39,383.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Cal i forni a Copy
Schedule of Contributors
G Attach to Form 990, 990-EZ and 990-PF
G See separate instructions.

OMB No. 1545-0047

2008

Name of the organization

SAN FRANCISCO SUICIDE PREVENTION

Employer identification number

94-1581618

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule ' ☒

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules ' ☐

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) G \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

SAN FRANCISCO SUI CID E PREVENTION

94-1581618

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	STATE STREET GLOBAL ADVISORS ONE MARKET STREET #1700 SAN FRANCISCO, CA 94105	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	KAI SER PERMANENTE 601 VAN NESS AVENUE #202 SAN FRANCISCO, CA 94102	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	LINDA KILB 1767-11TH AVENUE SAN FRANCISCO, CA 94122	\$ 8,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	THE TOM MERIT HANCOCK FAMILY 1445-10TH AVENUE SAN FRANCISCO, CA 94122	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	LOUIS R. LURIE FOUNDATION 555 CALIFORNIA ST., SUITE 5100 SAN FRANCISCO, CA 94104	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THELMA DOELGER CHARITABLE TR 950 JOHN DALY BLVD., SUITE 300 SAN FRANCISCO, CA 94122	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SAN FRANCISCO SUICIDE PREVENTION

94-1581618

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	NATIONAL SUICIDE PREVENTION 50 BROADWAY, 19TH FLOOR NEW YORK, NY 10004	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	OPTUMHEALTH BEHAVIORAL 425 MARKET STREET-14TH FLOOR SAN FRANCISCO, CA 94105	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	RICHARD & RHODA GOLDMAN FUND P.O. BOX 29924 SAN FRANCISCO, CA 94129	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	SILVA WATSON MOONWALK FUND 175 VIA LERIDA GREENBRAE, CA 94904	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	THE MARCLED FOUNDATION 3268 SACRAMENTO STREET SAN FRANCISCO, CA 94115	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	THE HENRY MAYO NEWHALL FOUNDATION 57 POST STREET #510 SAN FRANCISCO, CA 94104	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SAN FRANCISCO SUICIDE PREVENTION

94-1581618

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	BROADWAY CARES EQUITY FIGHTS AIDS 165 WEST 46TH STREET #1300 NEW YORK, NY 10036	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	THE LOUISE AND CLAUDE ROSENBERG, JR 14589 18TH STREET #167 SAN FRANCISCO, CA 94107-2801	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SAN FRANCISCO SUICIDE PREVENTION

94-1581618

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

SAN FRANCISCO SUICIDE PREVENTION

94-1581618

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once ' see instructions.) G\$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

2008

Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W.

FORM 199

Corporation name

California corporation number

SAN FRANCISCO SUICIDE PREVENTION

D-0444647

Part I Election to Expense Certain Property Under IRC Section 179

1	Maximum deduction under Section 179 for California	1	\$25,000
2	Total cost of Section 179 property placed in service	2	
3	Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected Section 179 cost)	7	
8	Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from prior taxable years.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12.	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Deprecia- tion method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	CONFERENCE ROOM	2/17/00	2,652.	2,652.	S/L	5		
	FULLY DEPRECIATE	VARIOUS	30,432.	30,432.	S/L	5		
	KONICA COPY MACH	6/24/03	2,300.	2,300.	S/L	3		
	DONATED 14-INCH	6/20/07	300.	200.	S/L	3	100.	
	FILEMAKER SERVER	12/30/05	5,461.	4,096.	S/L	3	1,367.	
	TELEPHONE SYSTEM	6/01/06	26,821.	11,175.	S/L	5	5,364.	
	(5) OFFICE CHAIR	9/21/06	500.	292.	S/L	3	167.	
15	Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).					15	17,681.	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22.	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20	Total. Add the amounts in column (g).					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44.					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12.					22	

2008

Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W.

FORM 199

Corporation name

California corporation number

SAN FRANCISCO SUICIDE PREVENTION

D-0444647

Part I Election to Expense Certain Property Under IRC Section 179

1	Maximum deduction under Section 179 for California	1	\$25,000
2	Total cost of Section 179 property placed in service	2	
3	Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected Section 179 cost)	7	
8	Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from prior taxable years.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12.	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Deprecia- tion method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	KEYBOARD/OPTICAL	6/23/06	3,992.	2,450.	S/L	3	1,331.	
	MODULES - PHONES	11/08/07	2,419.	323.	S/L	5	484.	
	CONSTANTINE CARP	6/30/08	16,000.		S/L	7	2,133.	
	CANON PIXMA PRIN	6/26/08	693.		S/L	3	231.	
	DELL PROJECTOR	7/11/08	538.		S/L	3	164.	
	LEXMARK PRINTER	7/02/08	462.		S/L	3	154.	
	DONATED OFFICE F	6/03/08	50,525.		S/L	15	3,368.	
15	Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22.	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20	Total. Add the amounts in column (g)					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44.					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12.					22	

2008

Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W.

FORM 199

Corporation name

California corporation number

SAN FRANCISCO SUICIDE PREVENTION

D-0444647

Part I Election to Expense Certain Property Under IRC Section 179

1	Maximum deduction under Section 179 for California	1	\$25,000
2	Total cost of Section 179 property placed in service	2	
3	Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected Section 179 cost)	7	
8	Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from prior taxable years.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12.	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Deprecia- tion method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	KEYBOARD MOUSE/H	6/12/08	5,208.		S/L	3	1,736.	
	BACK-UP SYSTEM-T	7/24/08	1,221.		S/L	3	342.	
	5 SILVER FLAT PA	7/13/08	1,333.		S/L	3	407.	
	3 SILVER FLAT PA	7/14/08	639.		S/L	3	195.	
	1 SILVER FLAT PA	7/23/08	453.		S/L	3	138.	
	FULLY DEPRECIATE	VARIOUS	4,075.	4,075.	S/L	3		
15	Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22.	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20	Total. Add the amounts in column (g)						20
21	Total amortization claimed for federal purposes from federal Form 4562, line 44.						21
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12.						22

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94-1581618

10/22/09

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Statement 1
Form 199, Part II, Line 7
Other Income

Fees	\$	24,645.
Income from Special Events.....		76,390.
Total	\$	<u>101,035.</u>

Statement 2
Form 199, Part II, Line 11
Compensation of Officers, Directors, and Trustees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Peter Rojo 730 Mt. Vernon Avenue San Francisco, CA 94112	Past-President 5.00	\$ 0.	\$ 0.	\$ 0.
Kristin Oliveira 744 Guerrero Street #5 San Francisco, CA 94110	Co-Secretary 5.00	0.	0.	0.
Tom Di Renzo 46 Bernard Street San Francisco, CA 94133	Vice-President 5.00	0.	0.	0.
Robert Kellett 774 Foerster Street San Francisco, CA 94127	Treasurer 5.00	0.	0.	0.
Dr. Saul Feldman 765 Market street #23-G San Francisco, CA 94103	Board Member 2.00	0.	0.	0.
Rebecca Turner 38 Woodland Avenue San Francisco, CA 94117	Board Member 2.00	0.	0.	0.
Henry McKenzie 152 Lombard Street Apt. #504 San Francisco, CA 94111	Board Member 2.00	0.	0.	0.
Ty Albers 796 Green Street San Francisco, CA 94133	Board Member 2.00	0.	0.	0.
John Plessas 841 Chamberlain Court Mill Valley, CA 94941	Vice-President 5.00	0.	0.	0.

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Statement 2 (continued)
Form 199, Part II, Line 11
Compensation of Officers, Directors, and Trustees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Brian Byrne 191 Devonshire Way San Francisco, CA 94131	Vice-President 5.00	\$ 0.	\$ 0.	\$ 0.
Anna Lisa Fahrenthold 1369-12th Avenue San Francisco, CA 94122	Co-Secretary 5.00	0.	0.	0.
David Pating 1201 Fillmore Street San Francisco, CA 94115	Board Member 2.00	0.	0.	0.
Lisa Zayas 64 Diamond Street San Francisco, CA 94114	President 5.00	0.	0.	0.
C. Michael Richards 437-B Willow Street Alameda, CA 94501	Board Member 2.00	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.

Statement 3
Form 199, Part II, Line 17
Other Expenses

Advertising and Promotion	\$ 4,887.
Audit	4,180.
Bank Service Charges	632.
Books and Subscriptions	214.
Data Processing Computer	5,653.
Dues and memberships	1,078.
Equipment rent and maintenance	6,823.
Insurance	12,578.
Interpreters	3,866.
Miscellaneous	250.
Moving Expenses	3,346.
Office Expenses	6,448.
Other Employee Benefit	36,782.
Postage and Shipping	8,095.
Printing and Publications	15,931.
Professional Fees	18,814.
Repairs and maintenance	379.
Special Event Expenses	36,510.
Telecommunications	15,575.
Travel or Entertainment for Public Officials	558.
Worker's Compensation Ins.	4,273.
Total	\$ 186,872.

2008

California Statements

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Statement 4
Form 199, Schedule L, Line 12
Other Assets

LEASE DEPOSIT/DEPOSIT PREMIUM	23,543.
MISCELLANEOUS.....	255.
Prepaid Expenses and Deferred Charges.....	6,440.
UNITED WAY.....	3,180.
Total	<u>\$ 33,418.</u>

Statement 5
Form 199, Schedule L, Line 18
Other Liabilities

ACCRUED VACATION.....	14,642.
WORKERS COMPENSATION.....	501.
Total	<u>\$ 15,143.</u>